

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) <i>(Use as many sheets as necessary)</i>		COMPLETE IF KNOWN Application Number: unknown Filing Date: herewith First Named Inventor: Jeffrey A. Nowell Art Unit: unknown Examiner Name: unknown Attorney Docket No.: PTOZ 2 00021				
Sheet 1 of 1						
U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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	AM					
	AN					
	AO					
	AP					
OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS						
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published				T
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Examiner Signature	J. Thissel	Date Considered	12/09/04
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